

Federal Parent Locator Service

Insurance Match Program

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Release Specifications

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Administration for Children and Families
Office of Child Support Enforcement
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1. SSN VERIFICATION FOR UNMATCHED SSNS (OCSE REF #2737)

1.1 Summary of Changes

The Insurance Match Program has been modified to include three new obligor match code values on the insurance match response record that is returned to states via the FCR.

1.2 Background

Currently, insurance match claims are returned to states when obligor SSNs (SSN on the debtor/tax offset file) match the insurer-provided SSN. In September 2009, OCSE implemented a process to associate the unmatched insurer-provided SSN with the obligor SSN. The obligor match code identifies the criteria that determined the match, as part of this enhanced process.

1.3 Description of Changes

This enhancement internally alters the insurer SSN by replacing each digit of the SSN and transposing each pair of digits to determine if a match can be made to the obligor SSN. The SSN comparison is done using the result of this process. Please note that when a match is found, the SSN originally submitted by the insurer will be returned to the state to facilitate communication with the insurer. As a result of this change, one of the following codes will be returned in the obligor match code if the process is successful (next to each code is the criterion which matched in the record comparison):

- 11 – Name, DOB and altered insurer SSN
- 12 – Name, Address and altered insurer SSN
- 13 – Name, Address, DOB and altered insurer SSN

1.4 Impact on States

States that receive insurance match response records via the Federal Case Registry (FCR) will need to be able to accept the three new code values for obligor match code, and adjust their program to process these codes correctly. If a state cannot accept these new codes yet, they may, as described in Insurance Match e-Flash #09-19 of 10/2/09, notify OCSE so that codes 11, 12 and 13 would be replaced by existing codes 01, 00 and 10, respectively. However, instead of using the contact name in the e-Flash, please contact Beatrice Locks at (202) 260-5606 or beatrice.locks@acf.hhs.gov.

1.5 Input Record Specification

Not applicable.

1.6 Output Record Specification

Refer to Appendix A, “Insurance Match Response Record,” Chart A-1, “FCR Insurance Match Response Record (Part 1),” for the record layout changes associated with this enhancement.

A. INSURANCE MATCH OUTPUT RESPONSE RECORD

This appendix contains the record specification for the insurance match output response record that is affected by the changes that were made for this release.

Chart A-1 presents record one (of the two response records) for the record layout affected with the changes highlighted in **turquoise** and [enclosed in opening and closing brackets.]

The material highlighted in **turquoise** and [enclosed in opening and closing brackets] indicates a change to existing information.

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	This field contains the characters 'IM.'
Obligor SSN	3-11	9	A/N	This field contains the federal offset obligor SSN used by the insurance matcher (insurance company or OCSE) for insurance matching purposes.
Record Creation Date	12-19	8	A/N	This field contains the date the record was created by OCSE. The date is in the CCYYMMDD format.
Record Sequence Number	20-22	3	A/N	This field contains a number that indicates the sequence of a pair of insurance match records that describe a unique match. For each pair of records, the same sequence number is provided.
Sub Record Indicator	23	1	A/N	This field contains a value of '1' to indicate the first of two corresponding records.
Filler	24-43	20	A/N	This field is reserved for future use. For the current version, it is spaces.
Obligor Case Identifier	44-58	15	A/N	This field contains the case ID for the SSN that the insurer response matched on the federal offset file.
Obligor First Name	59-73	15	A/N	This field contains the person's first name for the SSN on the case the insurer response matched to on the federal offset file.
Obligor Last Name	74-93	20	A/N	This field contains the person's last name for the SSN on the case the insurer response matched to on the federal offset file.
Insurer Provided SSN	94-102	9	A/N	The SSN provided by the insurer as part of its matching process. If not provided, this field contains all spaces.
Insurer Identifier	103-111	9	A/N	This field contains the valid nine-digit taxpayer identification number assigned to the insurer, a federal employee identification number (FEIN), or another designated identification. If not provided, this field contains all spaces.
Insurer Processing Date	112-119	8	A/N	This field contains the date the insurer record was created or updated by the insurer within its database. The date is in the CCYYMMDD format.

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)

Field Name	Location	Length	A/N	Comments
Claim Update Indicator	120	1	A/N	This field contains one of the following values to indicate if this is an update to previously provided information on this claim: 1 – Updated information on previously provided insurance claim match Space – New insurance claim match
Insurer Name	121-165	45	A/N	This field contains the name of the insurer where the insurance claim is maintained and to which the state is directed to send the insurance intercept request for processing. If not provided, this field contains all spaces.
Insurer Contact First Name	166-185	20	A/N	This field contains the first name of the insurer contact. If not provided, this field contains all spaces.
Insurer Contact Last Name	186-215	30	A/N	This field contains the last name of the insurer contact. If not provided, this field contains all spaces.
Insurer Contact Phone Number	216-225	10	A/N	This field contains the phone number of the insurer contact. If not provided, this field contains all spaces.
Insurer Contact Phone Extension Number	226-231	6	A/N	This field contains the phone number extension of the insurer contact. If not provided, this field contains all spaces.
Insurer Contact Fax Number	232-241	10	A/N	This field contains the fax number of the insurer contact. If not provided, this field contains all spaces.
Insurer Contact Email Text	242-281	40	A/N	This field contains the email address of the insurer contact. If not provided, this field contains all spaces.
Insurer Address Line 1 Text	282-321	40	A/N	This field contains insurer address information within this first street field. If not provided, this field contains all spaces.
Insurer Address Line 2 Text	322-361	40	A/N	This field contains insurer address information within this second street field. If not provided, this field contains all spaces.
Insurer Address City Name	362-391	30	A/N	This field contains the city that is associated with the insurer address. If not provided, this field contains all spaces.

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)

Field Name	Location	Length	A/N	Comments
Insurer Address State Code	392-393	2	A/N	This field contains the alphabetic code for the state that is associated with the insurer address. If not provided, this field contains all spaces.
Insurer Address Postal Code	394-408	15	A/N	This field contains, for the insurer address, the five-digit zone improvement plan (zip) code and the four-digit extension code (if available) that represents the geographic segment that is a subunit of the zip code, assigned by the U.S. Postal Service to a geographic location to facilitate mail delivery; or the postal zone (up to 15 characters) specific to the country, other than the U.S., where the mail is delivered. If not provided, this field contains all spaces.
Insurer Address Foreign Country Indicator	409	1	A/N	This field contains one of the following values to indicate if the insurer address provided is a U.S. or foreign address: 1 – The address of the insurer is in a foreign country Space – The address of the insurer is in the U.S.
Insurer Address Foreign Country Name	410-434	25	A/N	If the returned address is in a foreign country, this field contains the name of the foreign country. If the country name is not provided, this field contains all spaces. If the address is not in a foreign country, this field contains all spaces.

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)

Field Name	Location	Length	A/N	Comments
Insurer Address Scrub 1 Code	435-436	2	A/N	<p>The first insurer address scrub 1 code represents the general status of the address. It is always present in the response record. This field contains an address scrub 1 code to indicate the results of the address editing of the address information returned in the response:</p> <p>BA – Bad address. FINALIST determined it to be an undeliverable address. The address is left unchanged.</p> <p>CH – Changed address. The address was corrected and is considered by FINALIST to be deliverable.</p> <p>EA – Empty address. No address is present in record. The address was not provided by the source.</p> <p>FA – Foreign Address. The address is not edited and is left unchanged because the value in the foreign country code is other than spaces or ‘U.S.’</p> <p>GA – Good address. FINALIST has determined it to be a deliverable address.</p>
Insurer Address Scrub 2 Code	437-438	2	A/N	<p>This field contains one of the following codes to further define the results of address editing of the address information that is returned in the response. Success or failure of address correction attempts is indicated by the value of the insurer address scrub 1 code.</p> <p>If insurer address scrub 1 code is ‘BA,’ this field contains one of these codes:</p> <p>BR – Bad range. The house number is out of range for that street. This type of address error cannot be corrected.</p> <p>BU – Bad unit number. In a multi-dwelling unit, the unit number has a non-standard format, is out of range, or is missing. In PO Box addresses, the box number does not match the zip+4 code. Standardization was attempted.</p> <p>BX – Missing state code or missing state code and zip code. Assigning a state or zip code was attempted.</p> <p>MA – Mismatched address. The street name is not found in the city (the</p>

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)

Field Name	Location	Length	A/N	Comments
				<p>address may be deliverable because some addresses do not require a street name).</p> <p>MX – Mismatched state and zip code. Correction of the zip code was attempted.</p> <p>NC – Non-determined city name. Correction of the city name was attempted.</p> <p>NZ – Non-determined zip code. Correction of the zip code was attempted, but failed.</p> <p>If insurer address scrub code 1 is 'CH,' this field contains one of these codes:</p> <p>BU – Bad unit number. In a multi-dwelling unit, the unit number has a non-standard format, is out of range, or is missing. In PO Box addresses, the box number does not match the zip+4 code. Standardization was successful.</p> <p>BX – Missing state code or missing state code and zip code. Assigning a state or zip code was successful.</p> <p>CA – Corrected address. A misspelled or non-standard street name was successfully corrected in the response record.</p> <p>CC – Corrected city name. Correction of the misspelled or non-standard city name was successful.</p> <p>CZ – Corrected zip code. Correction of the zip code was successful.</p> <p>MA – Mismatched address. The street name is not found in the city (the address may be deliverable because some addresses do not require a street name).</p> <p>MX – Mismatched state and zip code. Correction of the zip code was successful.</p> <p>NC – Non-determined city name. Correction of the city name was successful.</p> <p>If the address scrub 1 code contains 'EA,' 'FA,' or 'GA,' this field contains spaces.</p>

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)

Field Name	Location	Length	A/N	Comments
Insurer Address Scrub 3 Code	439-440	2	A/N	This field's description is identical to that of the insurer address scrub 2 code with one exception: If insurer address scrub 1 code is 'BA' or 'CH' and a third address scrub code was not generated by the address editor, this field contains spaces.
Insurer Claim Number	441-470	30	A/N	This field contains the claim number assigned by the insurer. If not provided, this field contains all spaces.
Insurance Product Claim Type Code	471-472	2	A/N	This field contains the code indicating the type of claim matched by the insurance matcher. If not populated with a valid value, this field contains all spaces. The valid values are: 00 – Life 01 – Automobile 02 – Automobile – No Fault 03 – Automobile – Medical 04 – Property Liability 05 – Workers' Compensation 06 – Personal Injury 07 – General Liability 08 – Homeowners Liability 09 – Medical Premise/Owners Policy 10 – Product Liability 11 – Slip, Trip and Fall 12 – Other 13 – Unknown
Insurance Claim State Code	473-474	2	A/N	This field contains the alphabetic FIPS code for the state in which the insurance loss occurred. If not provided, this field contains all spaces.
Insurance Claim Loss Date	475-482	8	A/N	This field contains the date of the insurance claim loss by the claimant. The date is in the CCYYMMDD format. If not provided, this field contains all spaces.

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)				
Field Name	Location	Length	A/N	Comments
Insurance Claim Beneficiary Indicator	483	1	A/N	This field contains an indicator specifying whether a beneficiary is associated with this life insurance claim. If not provided, this field contains all spaces. Y – A beneficiary is associated with this life insurance claim. N – A beneficiary is not associated with this life insurance claim.
Insurance Claim Reported Date	484-491	8	A/N	This field contains the date the claim was reported by the claimant to the insurer. The date is in the CCYYMMDD format. If not provided, this field contains all spaces.
Insurance Claim Status Code	492	1	A/N	This field contains one of the following codes to indicate the status of the claim: 0 – Matched claim open at the time of the match by the Insurance Matcher. 1 – Matched claim closed at the time of the match by the Insurance Matcher. 9 – The insurer did not report the status of the matched claim.
Insurance Claim Payout Frequency Code	493	1	A/N	This field contains a code associated with the frequency of the insurer claim payout. If not populated with a valid value, this field is a space. 1 – One-Time 2 – Weekly 3 – Bi-Weekly 4 – Monthly 5 – Quarterly 6 – Annually 7 – Other

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)

Field Name	Location	Length	A/N	Comments
Obligor Match Code	494-495	2	A/N	<p>This field indicates the result of the match performed by the insurance matcher that compares the provided obligor's identifying information against insurance claim data. If not populated with a valid value, this field contains all spaces. [These values represent a match on:]</p> <p>00 – Name and Address 01 – Name and DOB 02 – Name and SSN 03 – SSN only 04 – SSN and Address 05 – SSN and DOB 06 – SSN, Name and Address 07 – SSN, Name and DOB 08 – SSN, Address and DOB 09 – SSN, Name, Address and DOB 10 – Name, Address and DOB 11 – Name, DOB and altered insurer SSN 12 – Name, Address and altered insurer SSN 13 – Name, Address, DOB and altered insurer SSN]</p>
SSN Verification Code	496	1	A/N	<p>This field contains the results of the SSN/name verification process.</p> <p>M – The SSN matches and a name comparison resulted in a probable match. U – The SSN/name combination does not verify. V – The SSN/name combination verifies.</p>
Filler	497-505	9	A/N	This field is reserved for future use. For the current version, it is spaces.
Claimant First Name	506-525	20	A/N	<p>This field contains the first name of the claimant from the insurance data match.</p> <p>If not provided, this field contains all spaces.</p>
Claimant Middle Name	526-541	16	A/N	<p>This field contains the middle name of the claimant from the insurance data match.</p> <p>If not provided, this field contains all spaces.</p>

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)

Field Name	Location	Length	A/N	Comments
Claimant Last Name	542-571	30	A/N	This field contains the last name of the claimant from the insurance data match. If not provided, this field contains all spaces.
Claimant ITIN Number	572-580	9	A/N	This field contains the individual taxpayer identification number (ITIN) for the claimant. If not provided, this field contains all spaces.
Claimant Birth Date	581-588	8	A/N	This field contains, if available, the date of birth of the claimant from the insurer data match. The date is in the CCYYMMDD format. If not provided, this field contains spaces.
Claimant Gender Code	589	1	A/N	This field contains the code that indicates the gender of the claimant. F – Female M – Male If not available, this field contains a space.
Claimant Home Phone Number	590-599	10	A/N	This field contains the home phone number of the claimant. If not provided, this field contains all spaces.
Claimant Business Phone Number	600-609	10	A/N	This field contains the business phone number of the claimant. If not provided, this field contains all spaces.
Claimant Business Phone Extension Number	610-615	6	A/N	This field contains the business phone number extension of the claimant. If not provided, this field contains all spaces.
Claimant Cell Phone Number	616-625	10	A/N	This field contains the cell phone number of the claimant. If not provided, this field contains all spaces.
Claimant Driver License Number	626-645	20	A/N	This field contains the driver license number of the claimant. If not provided, this field contains all spaces.
Claimant Driver License State Code	646-647	2	A/N	This field contains the driver's license alphabetic code for the state of the claimant. If not provided, this field contains all spaces.
Claimant Occupation Text	648-687	40	A/N	This field contains the occupation of the claimant. If not provided, this field contains all spaces.

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)

Field Name	Location	Length	A/N	Comments
Claimant Professional License Number	688-702	15	A/N	This field contains a professional license number of the claimant. If not provided, this field contains all spaces.
Claimant Address Line 1 Text	703-742	40	A/N	This field contains claimant address information within this first street field. If not provided, this field contains all spaces.
Claimant Address Line 2 Text	743-782	40	A/N	This field contains claimant address information within this second street field. If not provided, this field contains all spaces.
Claimant Address City Name	783-812	30	A/N	This field contains the city that is associated with the claimant address. If not provided, this field contains all spaces.
Claimant Address State Code	813-814	2	A/N	This field contains the alphabetic code for the state that is associated with the claimant address. If not provided, this field contains all spaces.
Claimant Address Zip Code	815-829	15	A/N	This field contains, for the insurer address, the five-digit zone improvement plan (zip) code and the four-digit extension code (if available) that represents the geographic segment that is a subunit of the zip code, assigned by the U.S. Postal Service to a geographic location to facilitate mail delivery; or the postal zone (up to 15 characters) specific to the country, other than the U.S., where the mail is delivered. If not provided, this field contains all spaces.
Claimant Address Foreign Country Indicator	830	1	A/N	This field contains one of the following values to indicate if the claimant address provided is a U.S. or foreign address: 1 – The address of the claimant is in a foreign country Space – The address of the claimant is in the U.S.
Claimant Address Foreign Country Name	831-855	25	A/N	If the returned address is in a foreign country, this field contains the name of the foreign country associated with the claimant address. If the country name is not provided, this field contains all spaces. If the address is not in a foreign country, this field contains all spaces.

CHART A-1: FCR INSURANCE MATCH RESPONSE RECORD (PART 1)				
Field Name	Location	Length	A/N	Comments
Claimant Address Scrub 1 Code	856-857	2	A/N	The claimant address scrub 1 code represents the general status of the address. It is always present in the response record. Refer to insurer address scrub 1 code field above for field values.
Claimant Address Scrub 2 Code	858-859	2	A/N	This field further defines the results of address editing of the address information that is returned in the response. Refer to insurer address scrub 2 code field above for field values.
Claimant Address Scrub 3 Code	860-861	2	A/N	This field's description is identical to that of the insurer address scrub 2 code with one exception: If insurer address scrub 1 code is 'BA' or 'CH' and a third address scrub code was not generated by the address editor, this field contains spaces. Refer to insurer address scrub 3 code field above for field values.
Filler	862-918	57	A/N	This field is reserved for future use. For the current version it is all spaces.
Sort State Code	919-920	2	A/N	This field contains the numeric FIPS state code for the state receiving the response.